

Introduction and Executive Summary

HISTORY

New Jersey was one of the first states in the nation to establish a state division on aging. Chapter 72 Law of 1957 established, within the State Department of Health, a division of the aging, consisting of a director, the New Jersey State Commission on Aging, and the New Jersey Citizens Council on Aging. In 1973, amendments to the federal Older Americans Act (OAA) of 1965 authorized states to designate geographic Planning and Service Areas (PSA) to be administered by Area Agencies on Aging (AAA). New Jersey designated each of its 21 county AAAs, making each county office eligible for Federal funding under OAA.

Since its creation the New Jersey State Unit on Aging has been placed in several departments and, as a result of the 1996 reorganization and consolidation of senior services, it became part of the New Jersey Department of Health and Senior Services (DHSS). More than 20 senior and long-term care programs from four state agencies were consolidated into this cabinet level department.

In 2002, as a part of DHSS's continuing commitment to evolve senior services, the Divisions of Senior Affairs (State Unit on Aging) and Consumer Support (Medicaid Waiver and Long-term Care Services) and their respective funding sources were consolidated into the Division of Aging and Community Services (DACS). The integration of the State Unit on Aging into this new division brought new leadership, a renewed commitment and energy to provide services for New Jersey's aging population, and a new mission and vision (see Exhibit 1).

AUTHORITY

More than consolidating funding streams, establishment of DACS brought together within one division the authority and responsibilities for public awareness efforts, information and assistance with private-pay and public programs, Medicare/Medicaid/Medigap counseling services, crisis intervention, care planning, and clinical eligibility for long-term care support services. New Jersey's DACS is today's State Unit on Aging.

MAJOR INITIATIVES

The 2005-2008 New Jersey State Strategic Plan on Aging is based upon the advancement of three initiatives that are currently underway. They were launched during the 2002-2005 State Strategic Plan for Aging and are fundamental to the future development and delivery of all programs and services of DACS. They are as follows:

NEW JERSEY'S MAJOR INITIATIVES

1. The redesign of the aging and disability service system under New Jersey's Aging and Disability Resource Center (ADRC)¹ grant.
2. The development and implementation of a global budget long-term care program.
3. The creation of a pilot fast track eligibility program with presumptive eligibility in Warren and Atlantic Counties, the two ADRC test counties.

¹ In New Jersey, this initiative has been renamed the Aging and Disability Resource Connection (ADRC). The name resulted from focus groups conducted with providers and consumers by the initiative's Public Awareness Work Group.



DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXHIBIT 1

MISSION STATEMENT

To enable the growing aging population and their caregiving communities to access a seamless and dynamic system of services that promotes well-being and embodies the values of dignity and choice.

VISION

The Division of Aging and Community Services is New Jersey's lead agency that makes a positive difference in the lives of individuals by addressing the changing needs of a growing and aging population.

RICHARD J. CODEY
Acting Governor



FRED M. JACOBS, M.D., J.D.
Commissioner

2005-2008 PRIORITIES

Within the context of New Jersey's long-term care reform agenda and the implementation of the ADRC initiative, New Jersey's 2005-2008 State Strategic Plan on Aging has adopted the same five strategic priorities that were established as part of AoA's Strategic Action Plan², thus assuring consistency between New Jersey's and AoA's priorities. Further details pertaining to these five priorities and their related goals, objectives, and strategies appear in Chapters 3 and 4.

NEW JERSEY'S PRIORITIES

1. Make it easier for older adults to access an integrated array of health and social supports.
2. Help older people to stay active and healthy.
3. Support families in their efforts to care for loved ones at home and in the community.
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.
5. Promote an effective and responsive management.

NEW JERSEY'S GUIDING PRINCIPLES

To ensure that each priority is carried out in a manner that is consistent with New Jersey's core values, five guiding principles have been established and are intrinsic to each issue.

NEW JERSEY'S GUIDING PRINCIPLES

1. **Leadership:** guided by the OAA in New Jersey.
2. **Advocacy:** on behalf of New Jersey's 1.5 million older adults.
3. **Consumer Direction:** the flexibility for older adults to choose the services and care that meets their needs and to exert some measure of individual control.
4. **Cultural Competency:** effectively targeting services to meet New Jersey's increasingly diverse population in terms of culture, language, and race/ethnicity.
5. **Quality Assurance/Quality Improvement:** to be able to evaluate program outcomes and make adjustments accordingly.

ORGANIZATION OF NEW JERSEY'S STATE STRATEGIC PLAN ON AGING

Chapter 1 contains the April 2005 preliminary findings of a detailed Profile of New Jersey Older Adults Aged 60+ Years. This document was prepared by New Jersey's Center for Health Statistics in cooperation with DACS and DHSS.

Chapter 2 describes the planning process that generated NJ's State Strategic Plan on Aging, including stakeholder input, and provides further details about NJ's major initiatives, priorities, and guiding principles, which constitute the planning framework.

Chapter 3 encompasses the detailed discussion of each of New Jersey's five strategic priorities and the goals, objectives, implementation strategies, and performance measures related to them, as required in Program Instruction (PI) AoA-PI-05-02. It also addresses these specific requirements in the PI:

² U.S. Administration on Aging, Strategic Action Plan, FY 2003-2008, November 2002, p. 6.

- The development, expansion, and coordination of ADRC, including integration of a comprehensive array of services and expansion of services to private pay and non-elderly clients **(Priority 1, Goal 1)**.
- The steps that New Jersey, its AAAs, and network providers will take to help elderly individuals in the State avail themselves of the benefits under the Medicare Modernization Act (MMA) **(Priority 1, Goal 2)**.
- Assessment of need and coordination of transportation services for the elderly **(Priority 1, Goal 5)**.
- Implementation of evidence-based health promotion and disease prevention programs, including assurance that New Jersey will promote the coordinated vaccination of seniors, particularly for influenza and pneumonia **(Priority 2, Goal 1, Strategy B)**.
- Management information systems to support ADRC **(Priority 5, Goal 9)**.
- The concept of competition in the financing and provision of services under OAA and its effect on cost and quality of care **(Priority 5, Goal 5)**.
- Establishment of measurable performance objectives **(Priorities 1-5)**.

Chapter 4 provides an overview of DACS's many programs and services as well as its organizational structure and Chapter 5 describes the administrative structure and networks related to advocacy and the provision of services to New Jersey's aging population.

Chapter 6 contains comments pertaining to the State Plan Provisions and Information Requirements, including OAA Title III requirements and New Jersey's intrastate funding formula, as required in Attachment B of the PI.

The Attachments contain signed assurances, the signed verification of intent, a list of New Jersey's AAAs with their contact information, copies of Executive Orders 100 and 31, sample AAA plans for a large/urban area and for a small area (there are no rural areas in New Jersey) as required by the PI, and extensive lists entitled "Methods for Carrying out New Jersey's Preference for Providing Services to Target Populations" in Attachments F and G.

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